

FORM EI-06: CONSENT FOR RELEASE OR EXCHANGE OF INFORMATION GUIDANCE RESOURCE

Form Overview

The purpose of this form is to obtain consent to allow the EI team to release or exchange information to any person or agency not considered an Ohio EI participating agency. Early Intervention records are not allowed to be shared with any person or agency outside of the Ohio Early Intervention program without consent from the parent. Some examples of sharing outside of the EI program include releasing and exchanging information with the local educational agency to coordinate transition services, releasing and exchanging information with the guardian ad litem, or releasing and exchanging information with a child's pediatrician. EI service coordinators and IFSP team members should familiarize themselves with the definition of "Participating Agency" found in the Ohio administrative code to understand when consent to release or exchange information is needed.

The EI service coordinator or provider explains parent rights and procedural safeguards that are associated with sharing information and provides the *Parent Rights in Early Intervention* brochure. The parent attests to having this brochure and may give consent or not give consent to sharing information.

Attention to detail is necessary to ensure that the correlating boxes are checked with what information the parent has decided to share or not to share, as well as the method or methods for sharing information.

There should be one form completed for each outside agency with whom information will be shared. Not all boxes on the form must be checked. Parents can decide which pieces of information they want shared about their child, and how information can be shared.

EISC Explanation of Form to Parents

"We do not share any information about you or your child without your signed permission. Your information will remain confidential unless you give us permission otherwise. Many parents find it helpful to provide their child's medical team and other caregivers with information about their participation in EI, such as a copy of the IFSP. With your written permission, I can provide the information to whomever you grant access.

Is there anyone that you would like the EI information shared with? Which pieces of information would you like shared? How would you like it to be shared? Any limitations?

You may also give your permission for the EI team to communicate orally with others you identify, such as by telephone. This is helpful when we need to conduct a visit with a caregiver

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other than yourself, or if we need to consult with the medical team on your behalf. You can revoke your permission at any time. We can also complete additional forms at any time to add individuals.”

Rule References

OAC 5123-10-01(B)(13)

OAC 5123-10-01(C)(1)(e)

OAC 5123-10-01(F)(2)

OAC 5123-10-02(K)(10)